

AMBULATORY SURGERY
☐ NO 1999 PATIENT SERVICE REVENUE
AND/OR PRIOR PERIOD ADJUSTMENTS
DURING THE CURRENT REPORT MONTH

NEW YORK STATE DEPARTMENT OF HEALTH

1999 PUBLIC GOODS POOL
 DIAGNOSTIC AND TREATMENT CENTERS - AMBULATORY SURGERY SERVICES
 REPORT OF 1999 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS
 FOR THE MONTH OF _____, _____

PROVIDER NAME _____ OPERATING CERTIFICATE # _____

WHOLE DOLLARS ONLY

| A | B | C | D |
|--|---------------|-------------------------|------------------|
| DESCRIPTION | CURRENT MONTH | PRIOR PERIOD ADJUSTMENT | TOTAL (B PLUS C) |
| 1. Total 1999 Ambulatory Surgery Revenue Received, including patient services revenue and all other revenue | | | |
| 2. Total 1999 Net Patient Services Revenue Received, including surcharges (1) | | | |
| 3. Less Non-Assessable Revenue: | | | |
| a. Payments Related to Medicare Eligible Beneficiaries | | | |
| b. Payments Related to FEHBA, Job Corps, CHAMPUS/TRICARE and VA | | | |
| c. Payments Received for Contracted Services Performed for Other Designated Providers | | | |
| d. Revenue from Subscribers of an HMO which Owns and Operates the D&TC | | | |
| e. Physician Practice or Faculty Practice Plan Revenue Based on Discrete Billings for Private Practicing Physician Services | | | |
| f. Payments Received Directly from the Public Goods Pool (included above in Line 2) | | | |
| g. Governmental Deficit Financing Grants | | | |
| h. Other | | | |
| 4. Total Non-Assessable Revenue (Total 3) | | | |
| 5. Total Assessable Revenue (Line 2 minus Line 4) | | | |
| 6. Net Assessable Revenue Received from Direct Pay Payors: | | | |
| a. Medicaid, including HMO/PHSP | | | |
| b. Other 5.98% Payors | | | |
| c. All Other Direct Payors (8.18% Payors) | | | |
| 7. Total Net Assessable Revenue Received from Direct Pay Payors (Total 6) | | | |
| 8. Total Assessable Revenue Received from Non-Direct Pay Payors, including surcharges (Line 5 minus Line 7) <i>Breakdown on next page, Lines 9 through 13</i> | | | |

(1) Including recoveries received from 1999 accounts receivable previously written off as uncollectible.

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 FOR THE MONTH OF _____, _____

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WHOLE DOLLARS ONLY

| A | B | C | D | E |
|---|---|---------------------|--|-------------------------------------|
| NON-DIRECT PAY PAYORS | TOTAL ASSESSABLE REVENUE <small>INCLUDING SURCHARGES</small> | SURCHARGE FACTOR | ASSESSABLE BASE (B DIVIDED BY C) | SURCHARGE PAYABLE (B MINUS D) |
| 9. Medicaid-HMO/PHSP/ Non-Specified 5.98% Payors | | 1.0598 | | |
| 10. Other 5.98% Payors | | 1.0598 | | |
| 11. Self-Pay Uninsured, and Patient/Secondary Payor Co-pay, Deductible or Coinsurance Amounts (where primary payor is a direct pay payor) (2) | | 1.0818 | | |
| 12. Non-Specified 8.18% Payors | | 1.0818 | | |
| 13. All Other Non-Direct Payors | | 1.3218 | | |

14. Total **1999** Assessable Revenue,
including surcharges (Lines 9 through
13, Column B)

15. Gross **1999** Surcharges
Payable (Lines 9 through 13,
Column E)

16. Less: Administrative Fee - (2% of Line 13, Column D)

17. Net **1999** Surcharges Payable for the Month - (Line 15 minus Line 16) (carry this amount forward to
the Summary Page)

18. Co-pay and Deductible Patient Payments

(2) This amount would be net of the amount shown above on Line 18 as co-pay or deductible patient payments for which the
patient's third-party payor has directly submitted surcharges.